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CONFIDENTIAL

DATE: November 7, 2005

CLIENT-MATTER No.: 23029-05797

## TO:

NAME	FAX No.	PHONE No.
USPTO	571-273-8300	

FROM: Sabra-Anne R. Truesdale PHONE: (650) 335-7187

SENT BY: Dana Chevalier PHONE: (650) 943-5363

NUMBER OF PAGES WITH COVER PAGE: 19 ORIGINAL WILL NOT FOLLOW

## MESSAGE:

Please see attached.

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	09/825,604
		Filing Date	April 3, 2001
		First Named Inventor	Anthony Aquila
		Group Art Unit Number	3626
		Examiner Name	Christopher L. Gilligan
Total Number of Pages in This Submission	18	Attorney Docket Number	23029-05797 (22606-05797)

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form (in duplicate) <ul style="list-style-type: none"> <li><input type="checkbox"/> Check Enclosed</li> </ul>	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s):
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> [ ] Sheet(s) of Figure(s) [ ]
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <ul style="list-style-type: none"> <li><input type="checkbox"/> Copies of IDS Cited References</li> </ul>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Amendment/Response to Restriction Requirement: 17 Page(s) <ul style="list-style-type: none"> <li><input type="checkbox"/> After Final</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>

**REMARKS:****SIGNATURE OF ATTORNEY OR AGENT**

Signature:	
Attorney/Reg. No.:	Sabra-Anne R. Truesdale, Reg. No. 55,687
Dated: 11-7-05	

**CERTIFICATE OF FACSIMILE TRANSMISSION**

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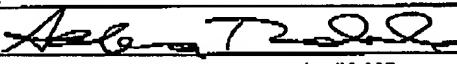
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Dated: 11-7-05	

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IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Anthony Aquila, et al.  
APPLICATION SERIAL NO.: 09/825,604  
FILING DATE: April 3, 2001  
TITLE: System and Method of Administering, Tracking  
and Managing of Claims Processing  
EXAMINER: Christopher L. Gilligan  
GROUP ART UNIT: 3626  
ATTY. DKT. NO.: 23029-05797 (22606-05797)

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Typed or Printed Name:	Sabra-Anne R. Truesdale, Reg. No. 55,687	Dated:	11-7-05
Facsimile Number:	571-273-8300		

MAIL STOP AMENDMENT  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the office action mailed October 7, 2005, please amend the above-referenced application as indicated herein.